| FORM 26 Rev 4/15 | **State of Colorado**
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109 | | FOR OGCC USE ONLY |

SOURCE OF PRODUCED WATER FOR DISPOSAL

Per Rule 325.c.(5), this form shall be submitted for any new disposal facility and for any change in source of produced water for an existing disposal facility.

OPERATOR INFORMATION

OGCC Operator Number: _____

Name of Operator: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name and Telephone:

Name: _____

Phone: (   ) _____ Fax: (   ) _____

Email: _____

DISPOSAL FACILITY INFORMATION

OGCC Disposal Facility Number: _____

Operator's Disposal Facility Name: _____ Operator's Disposal Facility Number: _____

Location: QtrQtr: _____ Sec: _____ Twp: _____ Range: _____ Meridian: _____

County: _____

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: _____ Deleted: _____ Added: _____

SOURCE OF PRODUCED WATER

Add Source ☐

Delete Source ☐

API Number: ___ - ___ - ___ Well Name & No: _____

Operator Name: _____ Operator No: _____

Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: ____

Producing Formation: _____ Analysis Attached? ☐ Yes ☐ No

Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: _____ mg/L

Add Source ☐

Delete Source ☐

API Number: ___ - ___ - ___ Well Name & No: _____

Operator Name: _____ Operator No: _____

Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: ____

Producing Formation: _____ Analysis Attached? ☐ Yes ☐ No

Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: _____ mg/L

Add Source ☐

Delete Source ☐

API Number: ___ - ___ - ___ Well Name & No: _____

Operator Name: _____ Operator No: _____

Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: ____

Producing Formation: _____ Analysis Attached? ☐ Yes ☐ No

Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: _____ mg/L

Add Source ☐

Delete Source ☐

API Number: ___ - ___ - ___ Well Name & No: _____

Operator Name: _____ Operator No: _____

Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: ____

Producing Formation: _____ Analysis Attached? ☐ Yes ☐ No

Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: _____ mg/L

Add Source ☐

Delete Source ☐

API Number: ____ - ____ - ____   Well Name & No: _____

Operator Name: _____   Operator No: _____

Location: QtrQtr: _____   Section: _____   Township: _____   Range: _____   Meridian: ____

Producing Formation: _____   Analysis Attached? ☐ Yes ☐ No

Transported to disposal site via ☐ Pipeline   ☐ Truck   ☐ Both   TDS: _____ mg/L

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: _____   Signed: _____

Title: _____   Date: _____